

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	XB		02-17-0
O.I.P.E. CLASSIFIER		15	ST 0
FORMALITY REVIEW	HZ	JC-916	03-14-01
RESPONSE FORMALITY REVIEW			

# INDEX Best Available Copy

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral).... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here